

GE-17B

THIS REPORT MAY CONTAIN INFORMATION SUBJECT TO THE PROVISIONS OF FOI/PA

*** PERSONNEL INVESTIGATIONS PROCESSING SYSTEM ***

DATE 10/28/2010
TIME 11:26

FIPC FILE REQUEST

PAGE 1
PGM PP92341A

SOI: NV00

DIRECTOR- NAVY CENTRAL ADJUDICATION
DEPARTMENT OF THE NAVY
FACILITY
WASHINGTON NAVY YARD BLDG 176, SUITE 2000
WASHINGTON NAVY YARD, DC 20388

REQUESTOR: [REDACTED] ADJ
TELE #: [REDACTED]

NAME STEIN, GARY ALAN
SSN [REDACTED]
DOB [REDACTED]
POB [REDACTED]

DSS

| FILE # | CASE # | CLASSIFICATION | ORIGIN |
|------------|----------|----------------|-------------|
| I20090127✓ | 08122749 | UNKNOWN | FILE NUMBER |
| I20081003✓ | 08122749 | UNKNOWN | FILE NUMBER |

NOV 04 '10 R 247

CT 29 '13 5 278

REQUEST DATE 10/28/2010

1: NV00

FILES:

DIRECTOR- NAVY CENTRAL ADJUDICATION
DEPARTMENT OF THE NAVY
FACILITY
WASHINGTON NAVY YARD BLDG 176, SUITE 2000
WASHINGTON NAVY YARD, DC 20388

I20090127
I20081003

NAME STEIN, GARY ALAN

SSN

POB

DOB

BREAK IN SERVICE: NO PRIOR FEDERAL EMPLOYMENT

SEE ATTACHMENTS

IF REQUIRED, RETURN THIS FORM WITHIN 90 DAYS OF RECEIPT OF OPM INVESTIGATIVE
MATERIAL TO: OPM-FIPC, (79), BOYERS, PA 16018

ISSUES CHARACTERIZATION: C

AGENCY ACTION:

1. ☐ SUBJECT NOT CONTACTED: FAVORABLE DETERMINATION
2. ☐ SUBJECT CONTACTED: FAVORABLE DETERMINATION
3. ☐ NO ACTION ISSUES: FAVORABLE DETERMINATION
4. ☐ RESIGNED, TERMINATED, WITHDREW BEFORE DETERMINATION
5. ☐ SUBJECT NOT APPOINTED DUE TO SECURITY/SUITABILITY ISSUES
6. ☐ SUBJECT REMOVED DUE TO SECURITY/SUITABILITY ISSUES
7. ☐ SUBJECT COUNSELLED AND/OR LETTER OF WARNING ISSUED
8. ☐ SUBJECT RETAINED: CLEARANCE REVOKED OR DENIED
9. ☐ SUSPENSION OF 14 DAYS OR LESS ISSUED
10. ☐ SUSPENSION OF 15 DAYS OR MORE ISSUED
11. ☐ OTHER (SPECIFY) _____

REMARKS:

COMPLETED BY _____ ON _____
(SIGNATURE) (DATE)

000340

☒ OPM file attached.☐ Best copy available.☐ OPM file also contains the following other agency reports:☐ AIRR
☐ ACRD
☐ Navy
☐ Air Force☐ DSS
☐ CIA
☐ FBI
☐ FBI arrest record # _____☐ State Department
☐ NSA
☐ Treasury☐ The report(s) were obtained at the time of the investigation, but your Security Office will need to contact DSS for a copy.☒ The DSS report was current and accurate at the time it was obtained, however, we cannot attest to the accuracy at this time.☐ We have removed financial information from the attached file that cannot be re-disseminated.
Refer to Item(s) _____☐ We have removed arrest information from the attached file that cannot be re-disseminated.
Refer to Item(s) _____☐ We are not permitted to release this information. Contact above indicated agency/agencies directly (see reverse) or request a Special Agreement Check (SAC) or Reimbursable Suitability Investigation (RSI) from OPM.☐ OPM investigation is pending. Material gathered to date is attached. When investigation is completed, the file will be forwarded to your agency.☐ Pending OPM investigation has been completed. Complete investigation is attached. This completes your request.☐ OPM file contains no pertinent information.☐ OPM file is no longer maintained in our system of records.☐ File previously furnished to your agency on _____.☐ Information in this report of investigation may not be acted upon until an appropriate update has been conducted.☐ Information in CSN _____ may not be acted upon until an appropriate update has been conducted.☒ The attached file contains a credit report; therefore, if you use the credit information you must ensure you follow the provisions of the Fair Credit Reporting Act.☐ OtherFIPC 401 (Front)
December 2008

000341

ISSUE CHARACTERIZATION

- ☐ A Issues are minor and the conduct or issue, standing alone, would not be disqualifying.
- ☐ B Issues are moderate and the conduct or issue, standing alone, would probably not be disqualifying.
- ☒ C Issues are substantial and the conduct or issue, standing alone, may probably be disqualifying.
- ☐ D Issues are major and the conduct or issue, standing alone, would be disqualifying.
- ☐ E* There are other matters, such as qualifications, medical issues, or inconclusive results, that may affect your determination.
- ☐ F No Issue(s). *The Agency Action section does not have to be completed.*
- ☐ G No Issue(s).
- ☐ K For administrative reasons, OPM made no adjudication determination in this case. You are required to complete this form and return it to OPM.
- ☐ O* No Actionable Issue(s). *The Agency Action section does not have to be completed.*
- ☐ Q There are potentially actionable issue(s) which, standing alone, may be disqualifying under suitability/security considerations. Complete Agency Action section for all sensitive cases. For non-sensitive cases, complete this part only if adverse action is taken.
- ☐ R* No Actionable Issue(s).
- ☐ W This investigation developed issues, which, depending on the mission of your organization and/or the duties of the position, you may wish to consider when making the suitability/security determination in this case.

*For OPM coding purposes only

AGENCY ADDRESSES

Naval Criminal Investigative Service Headquarters
Attn: Code OOLJF
716 Sicard Street SE
Washington Navy Yard, DC 20388

Defense Security Service
Privacy Act Branch
938 Elkridge Landing Road
Linthicum, MD 21090

Commander
USA Intelligence and Security Command
Freedom of Information and Privacy Office
4552 Pike Road
Fort George G. Meade, MD 20755-5995

Air Force Office of Special Investigations
HQ AFOSI/SCR
PO Box 2218
Waldorf, MD 20604-2218

Director
U.S. Army Crime Records Center
Attn: Freedom of Information/Privacy
Act Division
6010 6th Street
Fort Belvoir, VA 22060-5506

National Security Agency
Chief, FOIA/PA Services
Office of Information Policy, DC34
9800 Savage Road, Suite 6248
Ft. George G. Meade, MD 20755-6248

Central Intelligence Agency
Information & Privacy Coordinator
Washington, DC 20505

Mr. Gregory Smith
Financial Crimes Enforcement Network
FOIA Request
PO Box 39
Vienna, VA 22183

FIPC 401 (Back)
December 2008

000342

PRINTED: 01/23/09

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
INVESTIGATIONS SERVICE

PAGE: 1

***** Case Closing Transmittal *****

CLOSED: 01/22/2009
CASE #: 08122749 TYPE/SERVICE: SSBI - STD
EXTRA COVERAGE:

NAME: STEIN, GARY ALAN

SSN: [REDACTED] DOB: [REDACTED] POSITION: SGT/USMC MOS 6842

SON: [REDACTED]
DEPARTMENT OF THE NAVY
MARINE CORPS DETACHMENT
200 EAGLE STREET
KEESLER AFB, MS 39534***** MAIL TO *****
* SOI: [REDACTED]
* DEPARTMENT OF THE NAVY
* DIRECTOR- NAVY CENTRAL ADJUDICATION
* FACILITY
* WASHINGTON NAVY YARD BLDG 176, SUITE 20
* 716 SICARD STREET, S.E. SUITE 2000
* WASHINGTON NAVY YARD, DC 20388

AGENCY DATA: RUC54090MARINECORPSDETACH

OPM ADJUDICATION: C -SEE ATTACHED INV FORM 79A REVIEW LEVEL 3

THE ITEM INFORMATION SUMMARIZED BELOW, AND ANY REPORTS OF
INVESTIGATION, INQUIRY FORMS AND/OR OTHER ATTACHMENTS WITH THIS
TRANSMITTAL, COMPLETE THE INVESTIGATION REQUESTED ON THE PERSON
IDENTIFIED ABOVE.

***** ITEM INFORMATION *****

| ITM | TYPE | ITEM IDENTIFICATION/LOCATION | CM RESULTS |
|-----|------|--|-------------------------------|
| 001 | PRSI | U.S. MARINE CORP CAMP PENDLETON, CA | P ISSUE(S) |
| 002 | RESI | 907 ARBOR VIEW CR DIBERVILLE, MS | P ISSUE(S) |
| 003 | RESI | 1317 9TH AVE ESCONDIDO, CA | P ISSUE(S) |
| 004 | RESI | H&HS NCAS CAMP PENDLETON #207 CAMP PENDLETON, CA | P ACCEPTABLE |
| 005 | EDUC | MOAF COMMUNITY COLLEGE OF THE AIR FORCE KEESLER AFB, MS | P ACCEPTABLE |
| 007 | EMPL | EMPLOYER - MARDET KEESLER AFB KEESLER AB, MS | P ACCEPTABLE |
| 008 | LAW | GULFPORT, MS | R NO RECORD |
| 009 | LAW | ESCONDIDO, CA | R NO RECORD |
| 010 | LAW | OCEANSIDE, CA | R NO RECORD |
| 011 | LAW | BILOXI, MS | R NO RECORD |
| 012 | LAW | SAN DIEGO, CA | R NO RECORD |
| 013 | FINL | MOHAVE CREDIT UNION FORT MOHAVE, AZ | R ISSUE(S) R NOT CONTACTED |
| 014 | LAW | KEESLER AFB, MS | R NO RECORD |

61-1060077710

000343

DATE: 01/23/09

PAGE:

2

CASE #: 08122749 TYPE/SERVICE: SSBI - STD
EXTRA COVERAGE:

NAME: STEIN, GARY ALAN

SSN: [REDACTED]

DOB: [REDACTED]

POSITION: SGT/USMC MOS 6842

| ITM | TYPE | ITEM IDENTIFICATION/LOCATION | CM RESULTS |
|-----|------|--|-----------------|
| 015 | LAW | GULFPORT, MS | R NO RECORD |
| 016 | LAW | D'IBERVILLE, MS | R REFERRED |
| 017 | LAW | VISTA, CA | R ISSUE(S) |
| 019 | GENL | ALLIANCE ONE SAN DIEGO SUPERIOR COURT SAN DIEGO, CA | R ISSUE(S) |
| 020 | EMPL | EMPLOYER - U.S. MARINE CORPS CAMP PENDLETON, CA | P ISSUE(S) |
| 021 | EMPL | EMPLOYER - COLORADO BELLE HOTEL & CASINO LAUGHLIN, NV | R ACCEPTABLE |
| 024 | GENL | ASHLEY STEIN TEMECULA, CA | P ISSUE(S) |
| 025 | GENL | SHAWN TAYLOR TEMECULA, CA | P ISSUE(S) |
| 026 | GENL | CHARLES WAINFORD BULLHEAD CITY, AZ | P ACCEPTABLE |
| 027 | GENL | FRANCHISE TAX BOARD SACRAMENTO, CA | R NO RECORD |
| 028 | RESI | UNIVERSITY DRIVE VISTA, CA | P NO RECORD |
| 029 | RESI | XXXX OCEANSIDE, CA | P ISSUE(S) |
| 030 | EDUC | MIRACOSTA COLLEGE OCEANSIDE, CA | R ISSUE(S) |
| 031 | EMPL | EMPLOYER - PETSMART VISTA, CA | R NO RECORD |
| 032 | RESI | 5550 BALTIMORE DRIVE LA MESA, CA | R NO RECORD |
| 033 | GENL | THE WORK NUMBER XXX, XX | R ACCEPTABLE |
| 034 | FINL | KIMBALL, TIREY, ST. JOHN LLP SAN DIEGO, CA | R ISSUE(S) |
| 035 | LAW | OCEANSIDE, CA | R NO RECORD |
| 036 | GENL | ELISABETH STEIN CAMP PENDLETON, CA | P NOT CONTACTED |
| 037 | FINL | PROFESSIONAL TUSCON, AZ | R ISSUE(S) |
| 038 | FINL | PACIFIC MRNE CAMP PENDLETON, CA | R ISSUE(S) |
| 039 | FINL | SNC VISTA, CA | R ISSUE(S) |
| 040 | FINL | MOHAVE FCU KINGMAN, AZ | R NOT CONTACTED |
| 041 | PUBR | MOJAVE COUNTY KINGMAN, AZ | R ACCEPTABLE |
| 042 | PUBR | BULLHEAD CITY BULLHEAD CITY, AZ | R REFERRED |
| A01 | SII | | L NO RECORD |

61:4060071710

000344

DATE: 01/23/09

PAGE: 3

CASE #: 08122749 TYPE/SERVICE: SSBI - STD
EXTRA COVERAGE:

NAME: STEIN, GARY ALAN

SSN: [REDACTED] DOB: [REDACTED] POSITION: SGT/USMC MOS 6842

| ITM | TYPE | ITEM IDENTIFICATION/LOCATION | CM RESULTS |
|-----|------|----------------------------------|------------------------|
| *** | **** | ***** | ** ***** |
| A02 | SSII | | L NO RECORD |
| B01 | FBIF | | L UNCLASSIFIABLE |
| B02 | SFPN | 139102LC5 | L NAME CK ONLY, ARREST |
| B03 | FBFN | | L NO RECORD |
| C01 | FBIN | | L NO PERTINENT |
| C02 | SFBN | | L NO PERTINENT |
| D01 | DCII | | L RECORD |
| D02 | SDCI | | L NO RECORD |
| D03 | DCIF | DDIS 2003 197C1500002K2F | L ACCEPT-ATTACH |
| E01 | CRED | CBM EQUIFAX BALTIMORE, MD | L ISSUE(S) |
| F01 | SESE | SELECTIVE SER GREAT LAKES, IL | L ACCEPTABLE |
| G01 | MILR | MARINE CORPS | R NO RECORD |

***** END CASE CLOSING TRANSMITTAL *****

0127200307:19

000345

PRINTED: 01/23/2009

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
INVESTIGATIONS SERVICE
WASHINGTON, DC 20415

Certification of Investigation

CLOSED: 01/22/2009

SUBMITTING OFFICE: SON - [REDACTED]

SECURITY OFFICE: SOI - [REDACTED]

DEPARTMENT OF THE NAVY
DIRECTOR- NAVY CENTRAL ADJUDICATION
FACILITY
WASHINGTON NAVY YARD BLDG 176, SUITE 2000
716 SICARD STREET, S.E. SUITE 2000
WASHINGTON NAVY YARD, DC 20388-5389

NAME: STEIN, GARY ALAN

SSN: [REDACTED]

POSITION: SGT/USMC MOS 6842

CASE TYPE: SSBI
EXTRA COVERAGE:
POSITION CODE : /

OPM CASE #: 08122749

SCHEDULED DATE: 10/03/2008

INVESTIGATION CONDUCTED FROM: SF 86

THIS CERTIFIES THAT A BACKGROUND INVESTIGATION ON THE PERSON IDENTIFIED ABOVE
HAS BEEN COMPLETED. THE RESULTS OF THIS INVESTIGATION WERE SENT TO THE SECURITY
OFFICE FOR A SECURITY/SUITABILITY DETERMINATION.

AGENCY CERTIFICATION: THE RESULTS OF THIS INVESTIGATION HAVE BEEN REVIEWED, AND
A FINAL DETERMINATION HAS BEEN MADE.

AGENCY CERTIFYING OFFICIAL

. DATE
.
.

FILE THIS CERTIFICATE ON THE PERMANENT SIDE OF THE PERSON'S OFFICIAL PERSONNEL
FOLDER AFTER THE FINAL AGENCY DETERMINATION IS MADE.

61-1060071710

000346

Standard Form 86 (EG)
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

08122749

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0007
NSN 7540-00-634-4036
86-111

| | | | | | | |
|---|--|--|-----------------------------|--|-------------------------|--------------------------|
| Part 1 | | Investigating Agency Use Only SEP 20 08 5 9 80 | | Codes (5) | Case Number | |
| Agency Use Only (Complete items A through P using instructions provided by the investigating agency). | | | | | | |
| A Type of Investigation 30C | B Extra Coverage | C Sensitivity Level 3 | D Access 3 | E Nature of Action Code MIL | F Date of Action | Month Day Year |
| G Geographic Location | H Position Code | I Position Title SGT/USMC MOS: 6842 | Other Address | | | |
| J SON | K Location of Official Personnel Folder | Other Address | | | | ZIP Code |
| L SOI | M Location of Security Folder | Other Address | | | | ZIP Code |
| N OPAC-ALC Number DOD-USA | O Accounting Data and/or Agency Case Number | | | | | |
| P Requesting Official | Name and Title | Telephone Number | | | | Date 18 SEP 08 |

Persons completing this form should begin with the questions below.

| | | | | | | |
|--|---------------------------|--|---|--|-----------------------------|---|
| 1 FULL NAME | | • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN". | | • If you are a "Jr.", "Sr.", "II," etc., enter this in the box after your middle name. | | 2 DATE OF BIRTH |
| Last Name STEIN | First Name GARY | Middle Name ALAN | Jr., II, etc. | Month | Day | Year |
| 3 PLACE OF BIRTH - Use the two letter code for the State. City County | | | | 4 SOCIAL SECURITY | | |
| <p>• If you have used other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.</p> | | | | | | |
| #1 | Name | Month/Year | Month/Year | #3 | Name | Month/Year |
| | To | | | | To | |
| #2 | Name | Month/Year | Month/Year | #4 | Name | Month/Year |
| | To | | | | To | |
| 6 OTHER IDENTIFYING INFORMATION | | Height (feet and inches) | Weight (pounds) | Hair Color | Eye Color | Sex (Mark one box) |
| 7 TELEPHONE NUMBERS | | Work (Include Area Code and extension) | Day | Home (Include Area Code) | | |
| 8 CITIZENSHIP | | <p>a Mark the box at the right that reflects your current citizenship status, and follow its instructions.</p> <p><input checked="" type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)</p> <p><input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)</p> <p><input type="checkbox"/> I am not a U.S. citizen. (Answer items b and e)</p> | | | | b Your Mother's Maiden Name DESHAW |
| c UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship. | | | | | | |
| Naturalization Certificate (Where were you naturalized?) | | City | State | Certificate Number | Month/Day/Year issued | |
| Citizenship Certificate (Where was the certificate issued?) | | City | State | Certificate Number | Month/Day/Year issued | |
| State Department Form 240 - Report of Birth Abroad of a Citizen of the United States | | | | | | |
| Give the date the form was prepared and give an explanation if needed. | | Month/Day/Year | Explanation | | | |
| U.S. Passport | | | | | | |
| This may be either a current or previous U.S. Passport. | | | | Passport Number | Month/Day/Year issued | |
| d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right. | | | | | | |
| e ALIEN If you are an alien, provide the following information: | | | | | | |
| Place You Entered the United States: | City | State | Date You Entered U.S. Month Day Year | Alien Registration Number | Country(ies) of Citizenship | |

Exception to SF85, SF85P, SF85P-S, SF86, and SF86A approved by GSA September, 1995.
Designed using Perform Pro, WHS/DIOR, Sep 95

Page 1

61-2060027270

000347

9

WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

*Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

*For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

*For correspondence schools and extension classes, provide the address where the records are maintained.

Enter your Social Security Number before going to the next page →

41

YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 18th birthday. **EXCEPTION:** Show all Federal civilian service, whether it occurred within the last 7 years or not.

- **Code.** Use one of the codes listed below to identify the type of employment:

1 - Active military duty stations

2 - National Guard/Reserve

3 - U.S.P.H.S. Commissioned Corps

4 - Other Federal employment

5 - State Government (Non-Federal employment)

6 - Self-employment (Include business name and/or name of person who can verify)

7 - Unemployment (Include name of person who can verify)

8 - Federal Contractor (List Contractor, not Federal agency)

9 - Other

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Enter your Social Security Number before going to the next page →

Page 3

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YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

[REDACTED]

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Enter your Social Security Number before going to the next page

Page 4

[REDACTED]

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#16
9. Where have you lived?

[REDACTED]

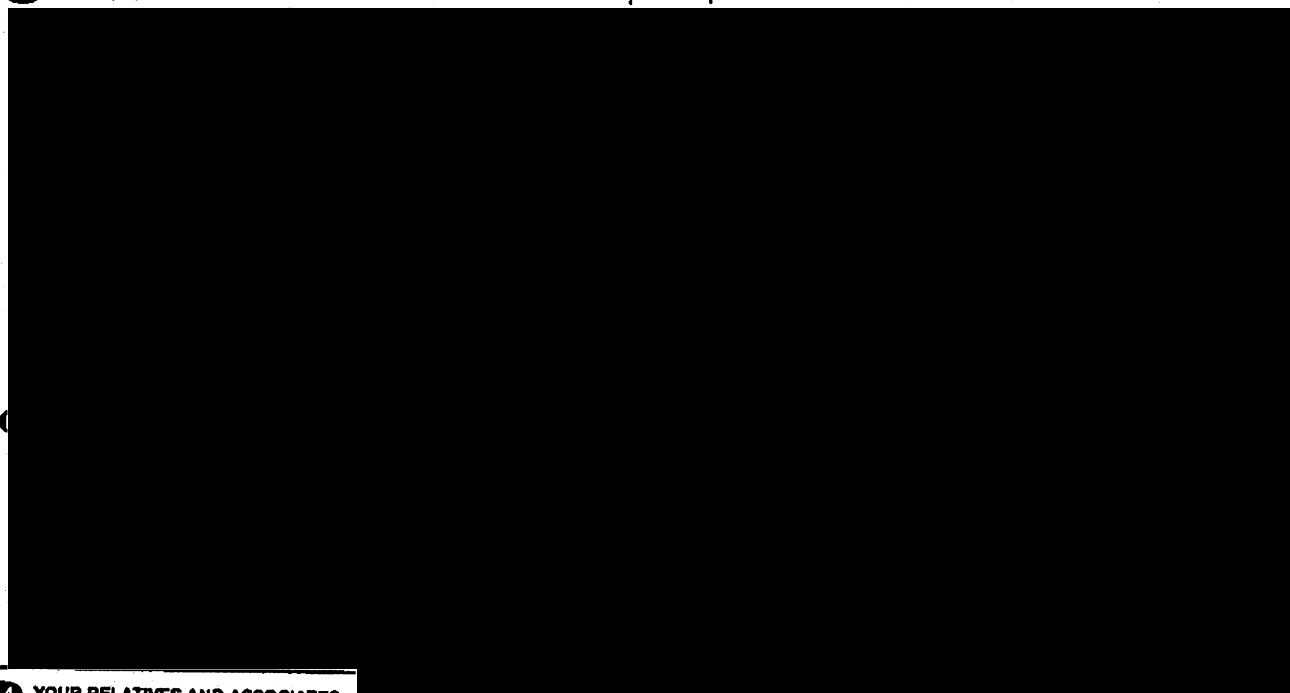
Continuation Space

[REDACTED]

Enclosure 1

0127200907:13

000351

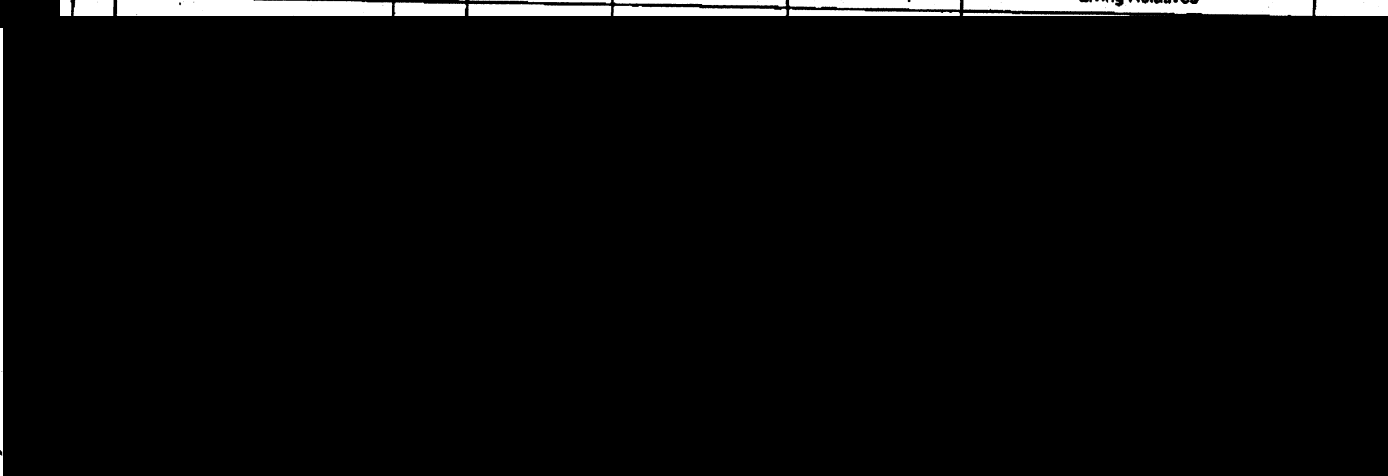
SEE CONTINUATION SPACE**13 YOUR SPOUSE**

14 YOUR RELATIVES AND ASSOCIATES

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- | | | | | |
|---------------------|--------------------------|-------------------|--------------------|--------------------------------------|
| 1 - Mother (first) | 5 - Foster parent | 9 - Sister | 13 - Half-sister | 17 - Other Relative* |
| 2 - Father (second) | 6 - Child (adopted also) | 10 - Stepbrother | 14 - Father-in-law | 18 - Associate* |
| 3 - Stepmother | 7 - Stepchild | 11 - Stepsister | 15 - Mother-in-law | 19 - Adult Currently Living With You |
| 4 - Stepfather | 8 - Brother | 12 - Half-brother | 16 - Guardian | |

*Code 17 (Other Relative) - Include only foreign national relatives not listed in 1 - 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - Include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

| Full Name (If deceased, check box on the left before entering name) | Code | Date of Birth Month/Day/Year | Country of Birth | Country(ies) of Citizenship | Current Street Address and City (country) of Living Relatives | State |
|---|------|---------------------------------|------------------|--------------------------------|--|-------|
|---|------|---------------------------------|------------------|--------------------------------|--|-------|



| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
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| | | | | | | |
| | | | | | | |

Enter your Social Security Number before going to the next page →

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15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in Items 13 and 14).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

- 1 - Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State).
- 2 - Citizenship Certificate: Provide the date and location issued (City and State).
- 3 - Alien Registration: Provide the date and place where the person entered the U.S. (City and State).
- 4 - Other: Provide an explanation in the "Additional Information" block.

| |
|--|
| |
|--|

16 YOUR MILITARY HISTORY

| | |
|-----|----|
| Yes | No |
|-----|----|

| |
|--|
| |
|--|

17 YOUR FOREIGN ACTIVITIES

| | |
|-----|----|
| Yes | No |
|-----|----|

| |
|--|
| |
|--|

18 FOREIGN COUNTRIES YOU HAVE VISITED

| |
|--|
| |
|--|

61:1060071710

000353

Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

Form approved:
OMB No. 3206-0007
NSN 7540-00-634-4036
86-111

Part 2

OFFICIAL
USE
ONLY

19 YOUR MILITARY RECORD

| | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

20 YOUR SELECTIVE SERVICE RECORD

| | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

21 YOUR MEDICAL RECORD

| | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

22 YOUR EMPLOYMENT RECORD

| | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

23 YOUR POLICE RECORD

| | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

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25 YOUR USE OF ALCOHOL

Yes

No

26 YOUR INVESTIGATIONS RECORD

Yes

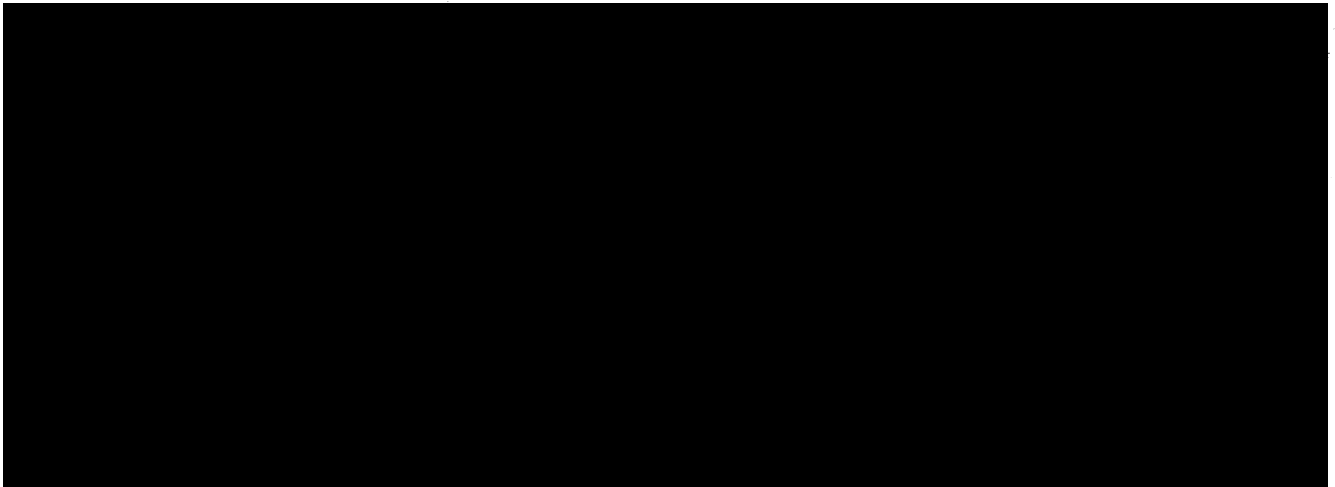
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27 YOUR FINANCIAL RECORD

You

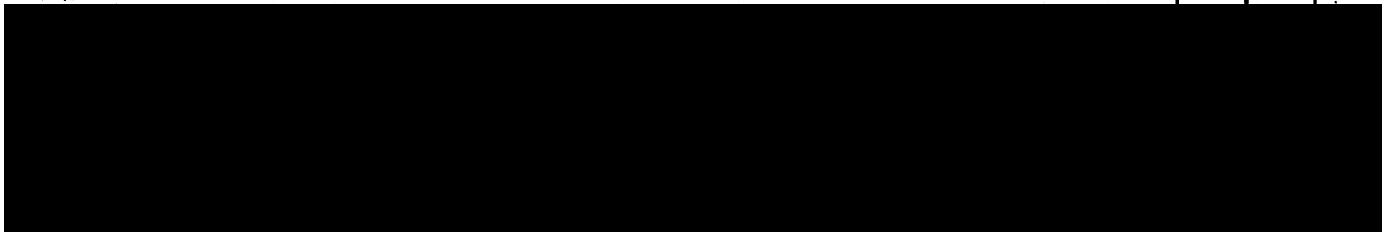
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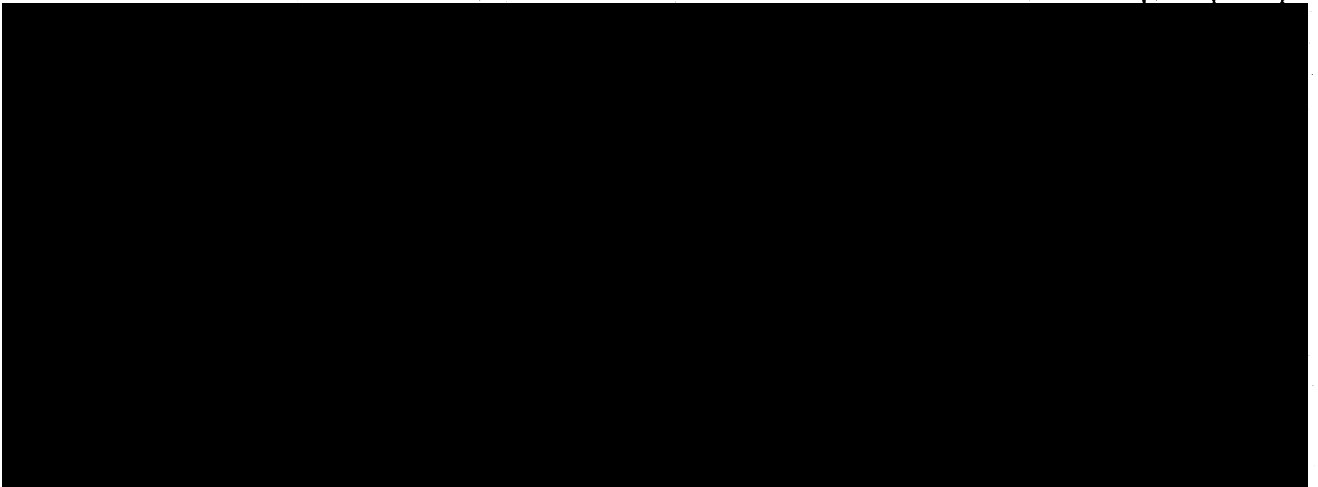
21 YOUR USE OF ALCOHOL

| Yes | No |
|-----|----|
| | |



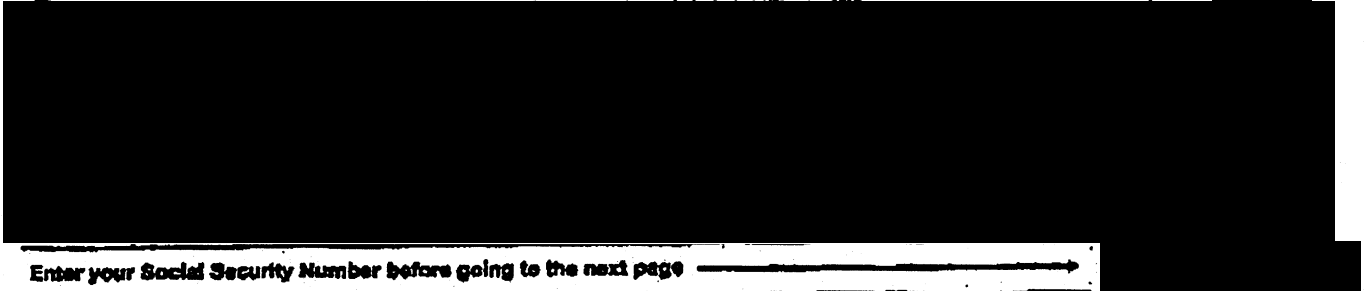
22 YOUR INVESTIGATIONS RECORD

| Yes | No |
|-----|----|
| | |



23 YOUR FINANCIAL RECORD

| Yes | No |
|-----|----|
| | |



Enter your Social Security Number before going to the next page

Page 6

28 YOUR FINANCIAL DELINQUENCIES

Yes No

29 PUBLIC RECORD CIVIL COURT ACTIONS

Yes No

30 YOUR ASSOCIATION RECORD

Yes No

Continuation Space

Use the continuation sheet(s) (SF86A) for additional answers to items 9, 10, and 11. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the item.

After completing Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 10.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)

Date

20070917



Enter your Social Security Number before going to the next page

Page 9

61-2050037-13

000357

| | Yes | No |
|---------------------------|-----|----|
| 10. SHOULD I BE RELEASED? | | |

| | Yes | No |
|---------------------------------------|-----|----|
| 11. PUBLIC RECORD CIVIL COURT ACTIONS | | |

| | Yes | No |
|-----------------------------|-----|----|
| 12. YOUR ASSOCIATION RECORD | | |

Use the continuation sheet(s) (SF88A) for additional answers to Items 9, 10, and 11. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the item.

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Signature (Sign in ink)



Date 30 SEP 2008
2008-12-SSP

Enter your Social Security Number before going to the next page

Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736



08122749

Form approved:
OMB No. 3206-0007
NSN 7540-00-834-4036
88-111

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.


I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

| | | |
|--|---|---|
| Signature (Sign in ink)  | Full Name (Type or Print Legibly) GARY STEIN | Date Signed 2008/1/7 |
| Other Names Used | Social Security Number <div style="background-color: black; width: 100%; height: 20px;"></div> | |
| Current Address (Street, City, State, ZIP Code) <div style="background-color: black; width: 100%; height: 40px;"></div> | State <div style="background-color: black; width: 100%; height: 20px;"></div> | ZIP Code <div style="background-color: black; width: 100%; height: 20px;"></div> |
| Home Telephone Number (Include Area Code) <div style="background-color: black; width: 100%; height: 20px;"></div> | | |

44-38861-44

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Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

08122749

Form approved:
OMB No. 3206-0007
NSN 7540-00-634-4036
86-111

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

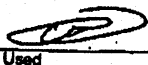




Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

| | | |
|--|---|---|
| Signature (Sign in ink)  | Full Name (Type or Print Legibly) GARY STERN | Date Signed 2-20-09/18 |
| Other Names Used | | Social Security Number  |
| Current Address (Street, City) | State | ZIP Code |
|  |  | Home Telephone Number (Include Area Code)  |

44-38807-001

000360

CASE # 08122749

| PAGE 1

 DATES OF INVESTIGATION 11/03/08 - 12/23/08 | SID S356 | ORG ID S50 | REPORT # 03

ITEM: 001

PERSONAL SUBJECT INTERVIEW

SOURCE: 001

INTERVIEW CONDUCTED UNDER UNSWORN DECLARATION ON 11/06/08 1ST INTELLIGENCE
BATTALION - METOC, BUILDING #13144, CAMP PENDLETON, CA
92055

ISSUE CODE(S) 03C 04C 05B 07A 09A 11 12

SUBJECT HAS NEVER BEEN KNOWN BY ANY OTHER NAMES.

SUBJECT IS A U.S. CITIZEN BY BIRTH, AND HAS NEVER BEEN A DUAL CITIZEN OF ANY FOREIGN COUNTRY. SUBJECT'S FAILURE TO INDICATE THIS ON HIS CASE PAPERS WAS UNINTENTIONAL.

REPORT OF INVESTIGATION
PROPERTY OF U.S. OFFICE OF PERSONNEL MANAGEMENT (IS)
1900 E ST, NW, WASHINGTON, D.C. 20415-4000

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NAME STEIN, GARY ALAN

CASE # 08122749

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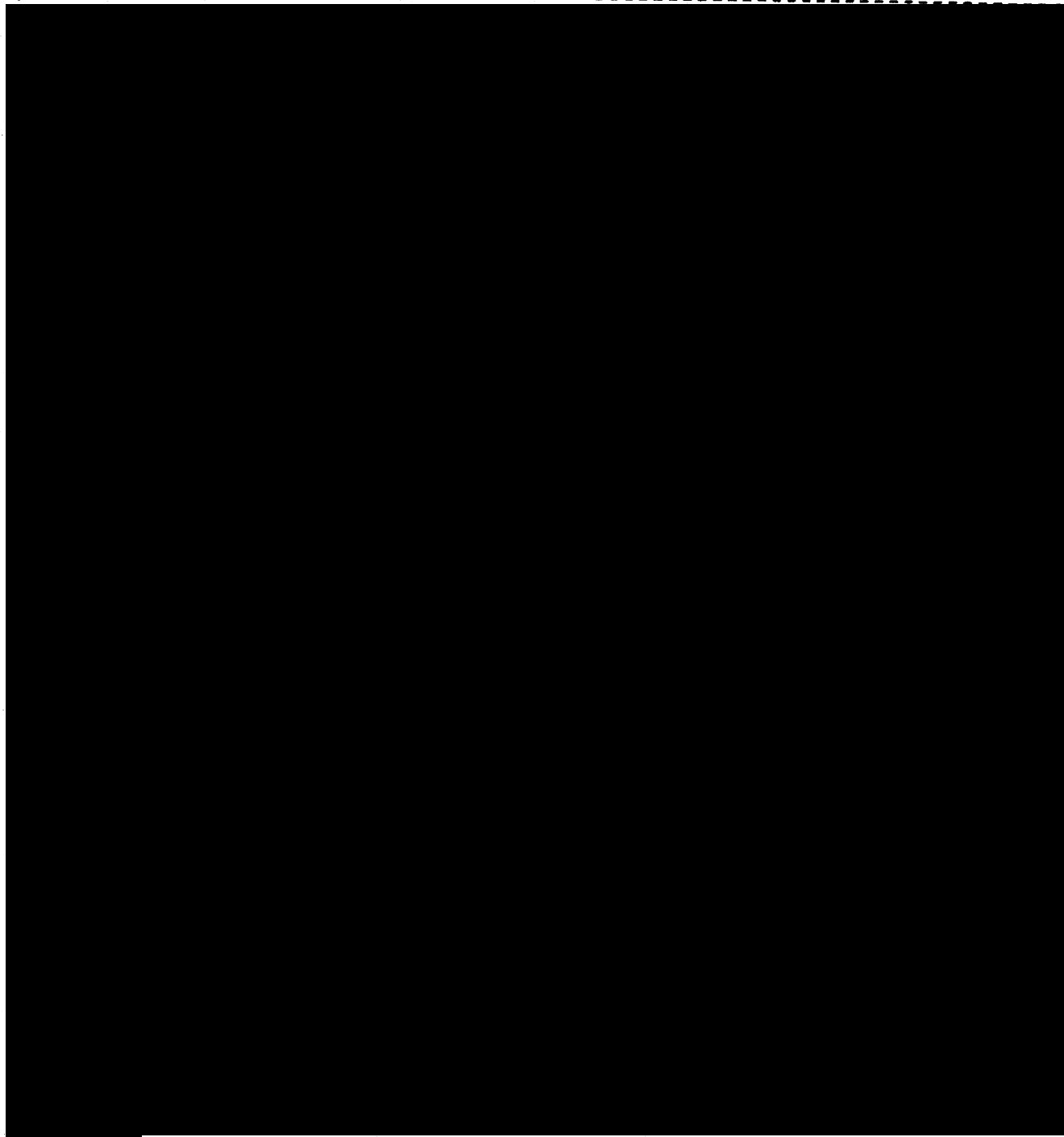
DATES OF INVESTIGATION 11/03/08 - 12/23/08 | SID S356 | ORG ID S50 | REPORT # 3

REPORT OF INVESTIGATION
PROPERTY OF U.S. OFFICE OF PERSONNEL MANAGEMENT (IS)
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1900 E ST, NW, WASHINGTON, D.C. 20415-4000

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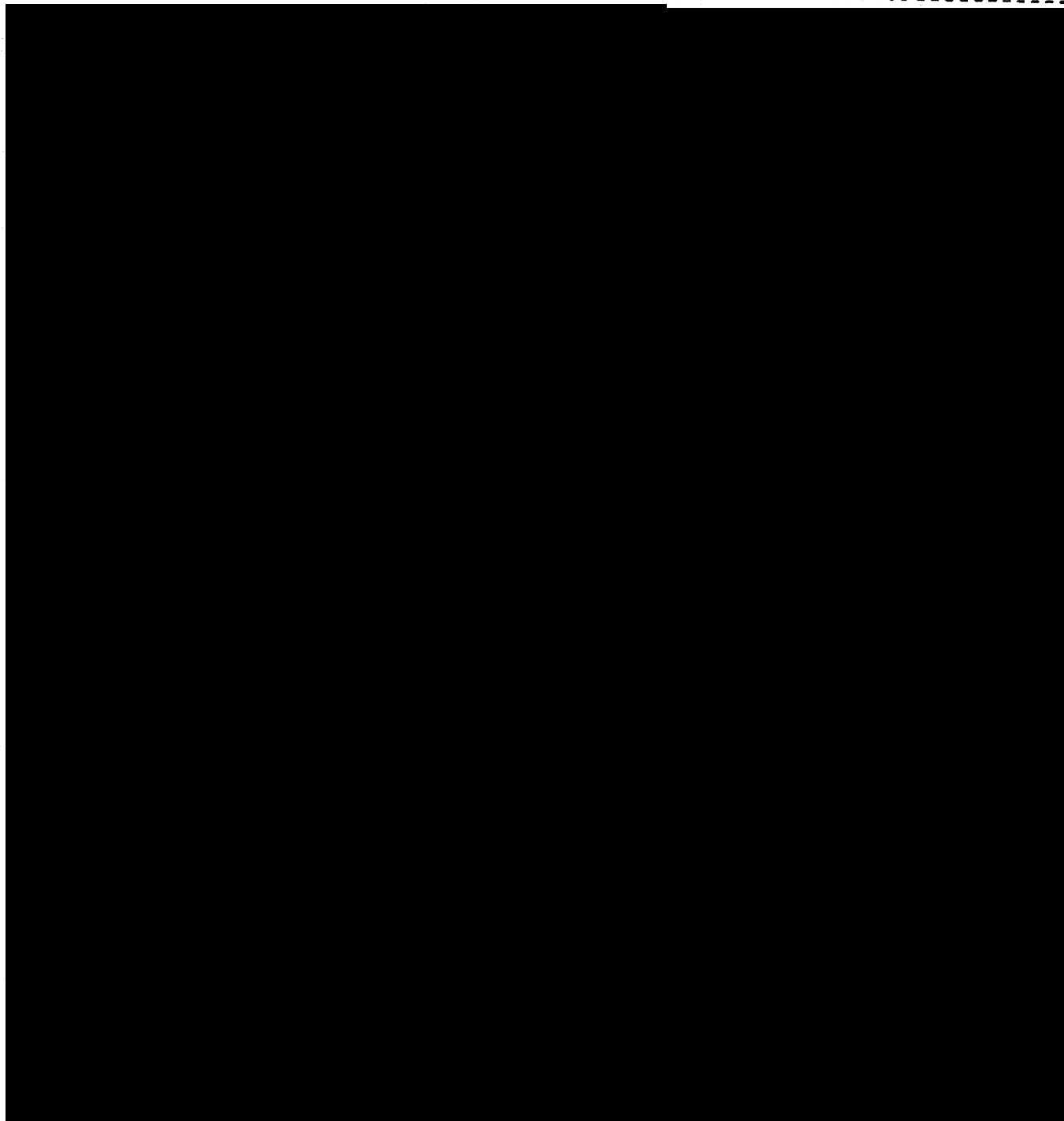
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PROPERTY OF U.S. OFFICE OF PERSONNEL MANAGEMENT (IS)
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PROPERTY OF U.S. OFFICE OF PERSONNEL MANAGEMENT (IS)
1900 E ST, NW, WASHINGTON, D.C. 20415-4000

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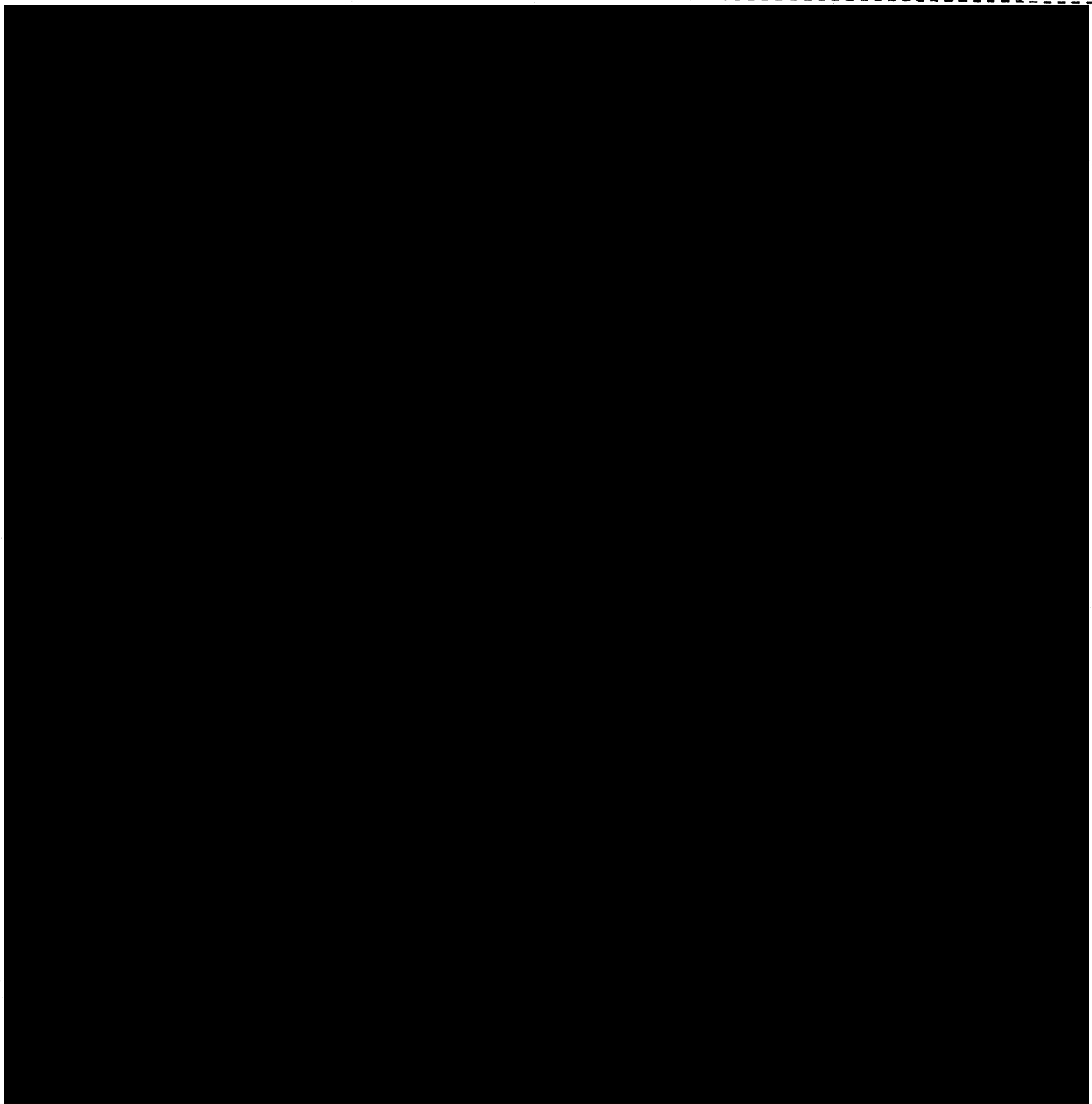
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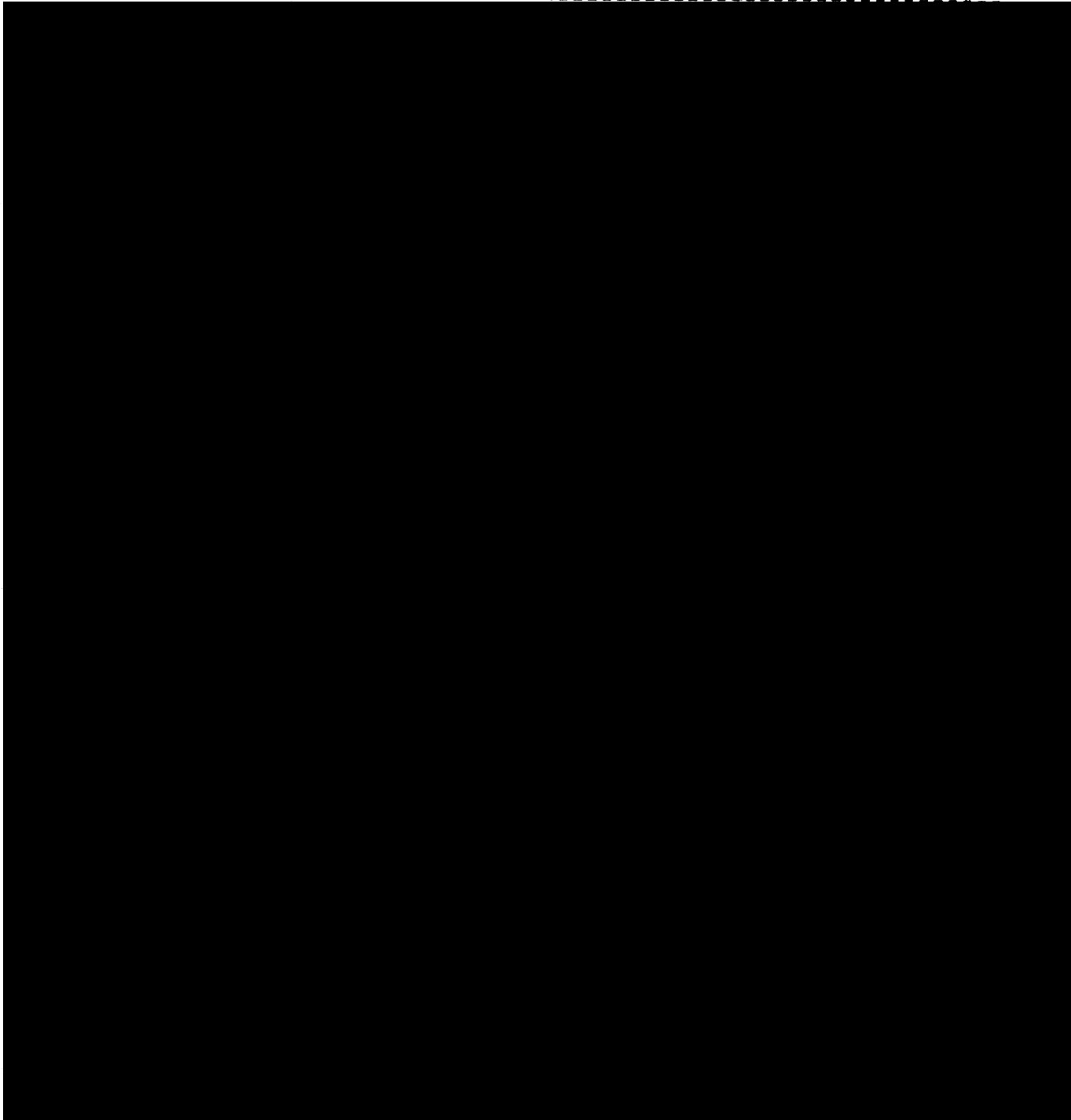


REPORT OF INVESTIGATION
PROPERTY OF U.S. OFFICE OF PERSONNEL MANAGEMENT (IS)
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PROPERTY OF U.S. OFFICE OF PERSONNEL MANAGEMENT (IS)
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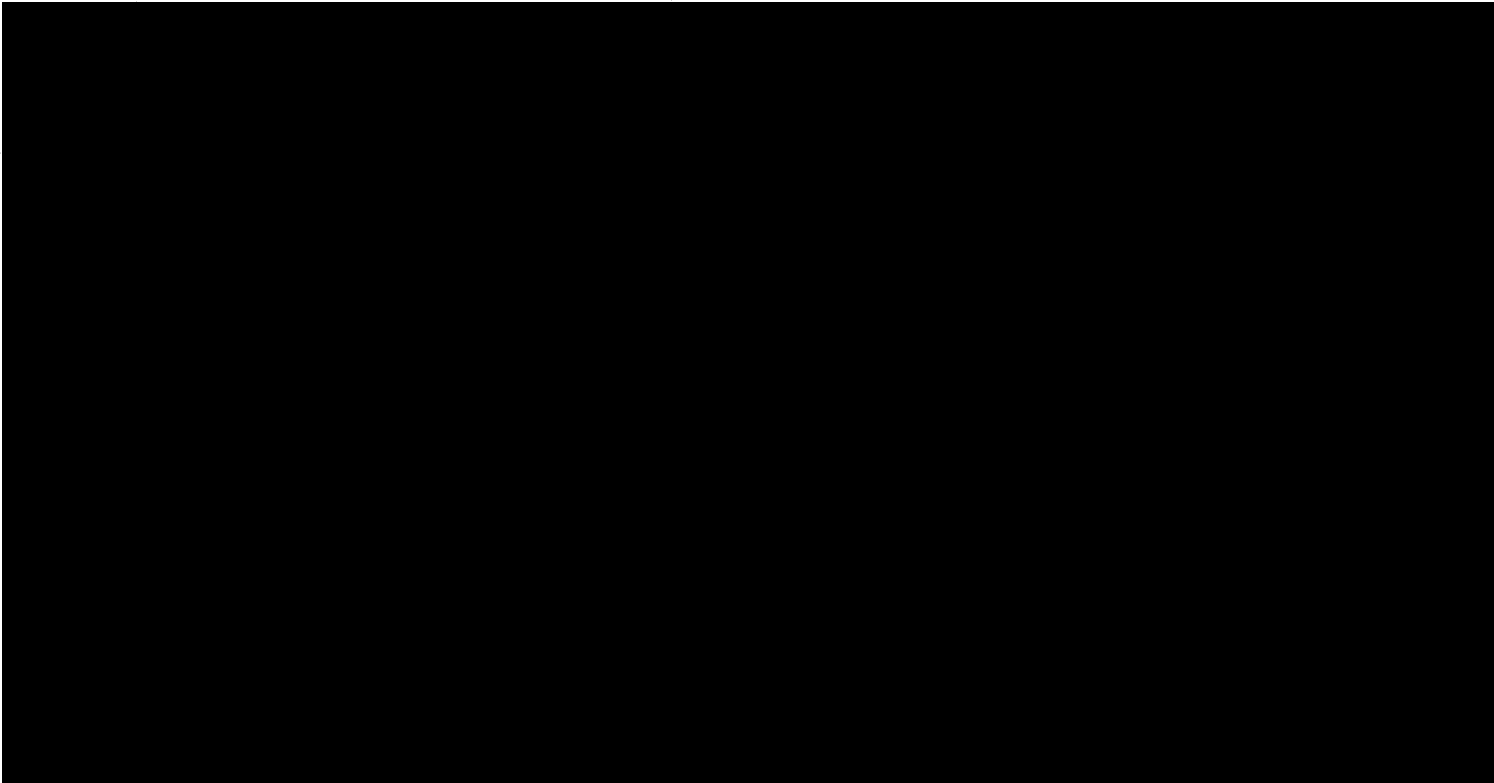
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NAME STEIN, GARY ALAN

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DATES OF INVESTIGATION 11/03/08 - 12/23/08 | SID S356 | ORG ID S50 | REPORT # 3

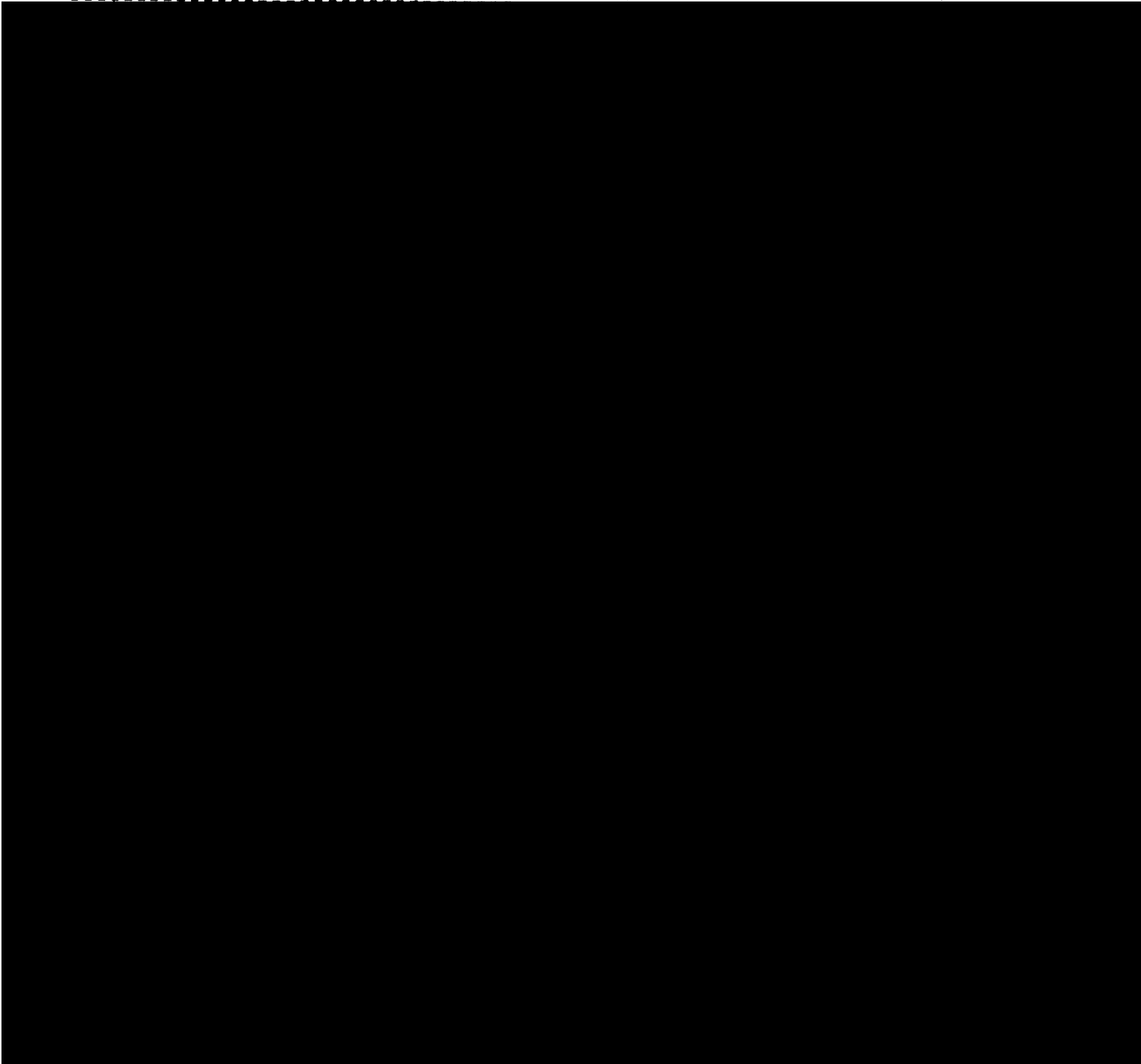
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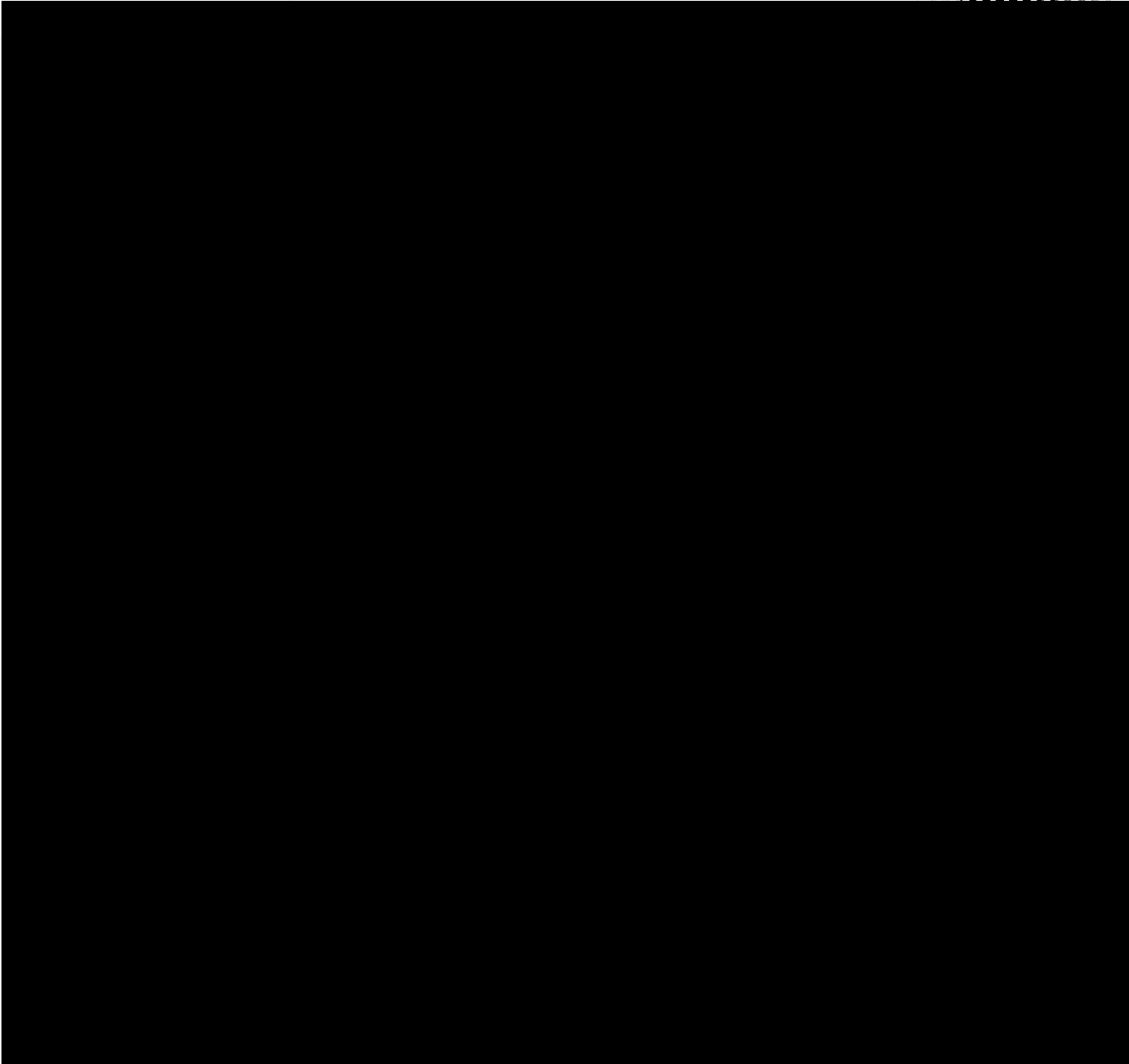
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NAME STEIN, GARY ALAN

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**** END OF REPORT ****

REVISED: 01/22/09

PRINTED: 01/22/09

REPORT OF INVESTIGATION
PROPERTY OF U.S. OFFICE OF PERSONNEL MANAGEMENT (IS)
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NAME STEIN, GARY ALAN

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DATES OF INVESTIGATION 10/27/08 - 11/04/08 | SID 2019 | ORG ID A74 | REPORT # 01

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PROPERTY OF U.S. OFFICE OF PERSONNEL MANAGEMENT (IS)
1900 E ST, NW, WASHINGTON, D.C. 20415-4000

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PROPERTY OF U.S. OFFICE OF PERSONNEL MANAGEMENT (IS)
1900 E ST, NW, WASHINGTON, DC 20415-4000

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NAME STEIN, GARY ALAN

CASE # 08122749

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REPORT OF INVESTIGATION

PROPERTY OF U.S. OFFICE OF PERSONNEL MANAGEMENT (IS)
1900 E ST, NW, WASHINGTON, D.C. 20415-4000

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REPORT OF INVESTIGATION
PROPERTY OF U.S. OFFICE OF PERSONNEL MANAGEMENT (IS)
1900 E ST, NW, WASHINGTON, D.C. 20415-4000

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REPORT OF INVESTIGATION
PROPERTY OF U.S. OFFICE OF PERSONNEL MANAGEMENT (IS)
1900 E ST, NW, WASHINGTON, DC 20415-4000

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